

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K030	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/22/2013
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NAME OF PROVIDER OR SUPPLIER HOMEPOINTE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 7779 E RIDGE ROAD SUITE A HOBART, IN 46342
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G000000	<p>This was a Home Health Medicaid recertification survey. This was a fully extended survey.</p> <p>Survey Dates: 10/16, 17, 21, and 22, 2013. Extended Date: 10/22/13.</p> <p>Facility Number: 006663.</p> <p>Medicaid #: 200889890</p> <p>Surveyors: Janet Brandt, RN, PHNS. Ingrid Miller, RN, PHNS.</p> <p>Census Service Type: Skilled unduplicated census: 34. Sample: RR w/HV: 5. RR w/o HV: 5. Total: 10.</p> <p>Homepointe Healthcare is precluded from providing its own home health aide training and competency evaluation program for a period of two years beginning October 28, 2013, - October 28, 2015, due to being found out of compliance with the Condition of Participation 42 CFR 484.30 Nursing Service.</p>	G000000	<p>HomePointe HealthCare acknowledges that a survey was completed by Janet Brandt and Ingrid Miller on October 22, 2013. Administrator did not receive notification of survey results due to the state having an incorrect email address. After 10 days of not receiving notification, the Administrator contacted Kelly Hemmelgran for direction. Kelly graciously extended the 10 day timeline by an additional 4 days.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality Review: Joyce Elder, MSN, BSN, RN October 28, 2013			
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G000121	<p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>Based on home visit observation, policy and procedure review, and interview, the agency failed to ensure all employees followed agency policy and procedure related to infection control and range of motion for 4 of 5 home visit observations (#1 - #4) (Employees G, H, and J) resulting in the potential to spread infectious diseases to other patients, family, and staff and the potential to increase the patient's risk of complications related to mobility.</p> <p>Findings</p> <p>1. On 10/16/13 at 1:30 PM, Employee J, Licensed Practical Nurse (LPN), was observed at the bedside of patient #1 to perform trach suction and observation of the patient. Distilled water was at the bedside on the floor for use with trach care and cleaning. The remainder of a gallon (about 1/2 gallon) of distilled water was stored on the floor and not labeled with the date, time, or initials of the staff who had opened the water.</p>	G000121	G 0121Action: All staff were in-serviced on infection control in the home. In-services were sent to re-teach and re-educated on: 1)Hand Hygiene Why, How and When 2) P/P B-403 Infection Prevention and Control 3) Glove Use Information 4) Joint Commission on Medication Management pertaining to labeling and storage. All staff were also in-serviced and re-educated on policy M-150 Range of Motion Excercises. Responsible Party: Clinical Case Mangers/Director will monitor adherence/compliance.Evaluation /follow-up: All homes were supplied with a permanant marker for labeling sterile and clean client supplies. In homes were there is a space contrait, plastic containers were provided to keep supplies off the floor. Clinical Case Managers/Director will monitor staff's adherence/compliance through the "Supervisory Visit Infection Control Surveillance Guide" for every staff member within the next 14 days. In addition, Clinical Case Manager/Director will monitor staff's adherence/compliance every 55-60 days during in-home	11/07/2013			

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	<p>2. On 10/16/13 at 3:20 PM, Employee H, Registered Nurse (RN), was observed to not wash hands before gloving and removing patient #2's in and out catheter which had been draining urine.</p> <p>Employee H, was also observed to perform range of motion exercises on patient #2 with very rapid, circular and back and forth movements on the patient's thumbs and fingers. The nurse also performed range of motion on the elbows and shoulder areas with very rapid, back and forth movements and did not support the patient's joints while performing these movements. She did each of these movements about 10 times. However, the technique did not follow the agency policy of using slow movements to perform range of motion exercises.</p> <p>On 10/16/13 at 3:40 PM, Employee D, RN, indicated the range of motion observed in this finding did not follow procedure.</p> <p>3. On 10/17/13 at 8:55 AM, Employee H, was observed to discard the foam dressing that was under patient 3's trach ties and then cleanse the trach area with wash cloths provided by the patient's caregiver. These washcloths were placed on the bedside table without a barrier. Employee H did not change gloves or</p>		supervisory visits and annually during Manditory Skills Checkoff and OSHA training.		

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	<p>wash hands after the dressing was removed and before a new foam dressing was placed under the trach ties after cleansing the trach area.</p> <p>4. On 10/17/13 at 9:40 AM, Employee G, LPN, was observed to wash hands prior to caring for patient #4. She washed her hands and used a soiled hand towel to dry them and then placed a sterile glove on her left hand to perform suctioning on the patient. She then took that glove off and discarded it without washing her hands after removing the sterile glove. She then took equipment to the kitchen and washed equipment including a 10 cubic centimeter syringe with soap and water.</p> <p>5. On 10/21/13 at 11:45 AM, Employee B, the director of nursing, indicated infection control practices were not followed at the above observations and findings (# 1 - 4).</p> <p>6. The agency policy titled "Infection Prevention / Control" with no effective date stated, "Agency will observe the recommended precautions for home care identified by the Centers for Disease Control and Prevention [CDC] ... Hands are washed immediately after gloves are removed."</p> <p>7. The agency policy titled "Standard</p>						

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	<p>Infection Control Procedures" with no effective date stated, "Sterile or clean supplies left in the home should be stored in a clean area that is used for supplies only. Cover supplies with plastic or a towel."</p> <p>8. The agency policy titled "Handwashing" with no effective date stated, "Note: the need for handwashing depends on the type, intensity, duration, and sequence of activities. The Center for Disease Control [CDC] recommends routinely washing hands in the following situations: before performing invasive procedures such as catheterization and suctioning ... Procedure Use an easy - to - reach sink with warm, running water, soap, or disinfectant, and paper towels ... dry hands thoroughly from fingers to wrists and forearms. Discard paper towel in waste receptacle. Turn off water faucet using a clean, dry paper towel."</p> <p>9. The agency policy titled "Urinary Catheter Insertion - Straight or Indwelling Catheter" with no effective date stated, "Purpose ... to facilitate emptying bladder ... Applies to Registered Nurses ... Wash hands. Refer to the handwashing procedure ... Don clean gloves ... slowly remove single use catheter ... remove gloves and dispose of waste ... wash hands."</p>			

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	10. The agency procedure titled "Range of Motion Exercises" with no effective date stated, "Procedure 1. Range of motion exercises may be performed by clinician or caregiver with no assistance from the client - passive ... 4. Perform the movements slowly and smoothly. A joint should be moved only the point of resistance, pain or spasm, whichever comes first. 5. Apply a firm, but comfortable grip on the limbs above and below the joint. 6. Use a cradle position. 7. Perform each exercise 3 - 10 times. 8. Observe for signs of exertion or discomfort."			
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G000168	<p>484.30 SKILLED NURSING SERVICES</p> <p>Based on clinical record review, policy review, observation, and interview, it was determined the agency failed to ensure the registered nurse accurately updated the plan of care for 1 of 10 records reviewed with the potential to affect all the 34 patients of the agency (see G 173), failed to ensure all licensed practical nurses followed agency policy and procedure related to infection control for 2 of 3 home visit observations with a licensed practical nurse resulting in the potential to spread infectious diseases to other patients, family, and staff cared for by the licensed practical nurses (see G 179), and failed to ensure the licensed practical nurse documented tasks in the clinical record only after completion of the tasks for 1 of 3 home visits observed with a licensed practical nurse with the potential to affect patients cared for by this staff member (See G 180).</p> <p>The cumulative effect of these systemic problems resulted in the agency's inability to meet the requirements of the Condition of Participation 484.30 Nursing Service.</p>	G000168	<p>G- 0168 Credible Allegation of ComplianceAction: Due to the agency being precluded from providing it's own home health aide training and competency evaluation, Home Pointe HealthCare has contracted with an outside Registered Nurse to re-train and re-competency test the 2 empolyed home health aides. For the nest 2 years this contracted nurse will perform competency training and evaluation on all new home health aides. Please find the contract and applicable history checks attached.G-0173 Credible Allegation of ComplianceAction: The physician was contacted on 10/21/13 and a correction order was sent. The Clinical Case Mangers will review and update all Plans of Care to insure all orders are current and correct. On each supervisory visit, the plan of care will be reiveiwed for changes with the staff/caregiver for accuracy.Responsible Party: Clinical Case Mangers/DirectorEvaluation/follo w-up: 100% of Plan of Care will be audited by 11/11/13 for accuracy of orders. To assure continued compliance, 10% or 10 charts will be audited quarterlyG 0179 Credible Allegation of Compliance Action: All staff were in-serviced on infection control in the home. In-services were sent to re-teach and re-educated on:</p>	11/07/2013			

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			<p>1)Hand Hygiene Why, How and When 2) P/P B-403 Infection Prevention and Control 3) Glove Use Information 4) Joint Commission on Medication Management pertaining to labeling and storage. All staff were also in-serviced and re-educated on policy M-150 Range of Motion Excercises. Responsible Party: Clinical Case Mangers/Director will monitor adherence/compliance.Evaluation /follow-up: All homes were supplied with a permanant marker for labeling sterile and clean client supplies. In homes were there is a space contraint, plastic containers were provided to keep supplies off the floor. Clinical Case Managers/Director will monitor staff's adherence/compliance through the "Supervisory Visit Infection Control Surveillance Guide" for every staff member within the next 14 days. In addition, Clinical Case Manager/Director will monitor staff's adherence/compliance every 55-60 days during in-home supervisory visits and annually during Manditory Skills Checkoff and OSHA training.G-0180 Credible Allegation of ComplianceAction: All staff have been in-serviced and re-educated on P/P C-680 Clinical Documentation and Nursing Documentation. Empolyee K was disclined and re-educated regarding above policy. Upon all</p>		

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			supervisory visits, Clinical Case Managers will review nursing documentation in real time for compliance. This will be documented on the Supervisory Visit/ Additional Information form. Responsible Party: Clinical Case Managers/DirectorEvaluation/follow-up: All staff will be assessed for compliance regarding real time charting during supervisory visits.		

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G000173	<p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse initiates the plan of care and necessary revisions.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the registered nurse (Employee D) accurately updated the plan of care for 1 of 10 records reviewed (Clinical record #5) with the potential to affect all the 34 patients of the agency.</p> <p>Findings</p> <p>1. Clinical record #5 included a plan of care for the certification period of 9/24/13 - 11/22/13 with orders for Trilogy Respironics Vent Settings ETCO2 (end tidal carbon dioxide) range 30 - 40%. This order was no longer was to be completed for the patient's care and should have been taken off the plan of care. This plan of care had been updated and signed by Employee D, Registered Nurse, on 9/23/13 and the physician on 9/23/13.</p> <p>2. On 10/21/13 at 9:40 PM, Employee K, licensed practical nurse, indicated patient #5 was no longer to have the ETCO2 range 30 - 40% checked that was on the current plan of care for the certification period of 9/24/13 - 11/22/13 due to that order being for a different ventilator that</p>	G000173	G-0173 Credible Allegation of ComplianceAction: The physician was contacted on 10/21/13 and a correction order was sent. The Clinical Case Mangers will review and update all Plans of Care to insure all orders are current and correct. On each supervisory visit, the plan of care will be reviewed for changes with the staff/caregiver for accuracy.Responsible Party: Clinical Case Mangers/DirectorEvaluation/follow-up: 100% of Plan of Care will be audited by 11/11/13 for accuracy of orders. To assure continued compliance, 10% or 10 charts will be audited quarterly.	10/23/2013			

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	<p>had been discontinued a few months ago. Employee K indicated this order did not apply to this patient's care any longer and should not be on the current plan of care. She had not completed this order during care today.</p> <p>3. On 10/21/13 at 11:50 AM, Employee B, the director of nursing indicated the above order for ETCO2 range 30 - 40 % was not accurate and should not have been on the current plan of care.</p> <p>4. The agency policy titled "Physician's Orders" with no effective date stated, "All medications, treatments, and services provided to clients must be ordered by a physician ... All medications and treatments, that are part of the client's plan of care, must be ordered by the physician ... purpose ... to assure accurate and complete orders are obtained and verified."</p>				

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G000179	<p>484.30(b) DUTIES OF THE LICENSED PRACTICAL NURSE The licensed practical nurse furnishes services in accordance with agency policy.</p> <p>Based on home visit observation, policy and procedure review, and interview, the agency failed to ensure all licensed practical nurses followed agency policy and procedure related to infection control for 2 of 3 home visit observations (patient 1 and 4) with a licensed practical nurse (Employees J and G) resulting in the potential to spread infectious diseases to other patients, family, and staff cared for by the licensed practical nurses.</p> <p>Findings</p> <p>1. On 10/16/13 at 1:30 PM, Employee J, Licensed Practical Nurse (LPN), was observed at the bedside of patient #1 to perform trach suction and observation of the patient. Distilled water was at the bedside on the floor for use with trach care and cleaning. The remainder of a gallon (about 1/2 gallon) of distilled water was stored on the floor and not labeled with the date, time, or initials of the staff who had opened the water.</p> <p>2. On 10/17/13 at 9:40 AM, Employee G, LPN, was observed to wash hands prior to caring for patient #4. She washed her</p>	G000179	G 0179 Crediable Allegation of Compliance Action: All staff were in-serviced on infection control in the home. In-services were sent to re-teach and re-educated on: 1)Hand Hygiene Why, How and When 2) P/P B-403 Infection Prevention and Control 3) Glove Use Information 4) Joint Commission on Medication Management pertaining to labeling and storage. All staff were also in-serviced and re-educated on policy M-150 Range of Motion Excercises. Responsible Party: Clinical Case Mangers/Director will monitor adherence/compliance.Evaluation /follow-up: All homes were supplied with a permanant marker for labeling sterile and clean client supplies. In homes were there is a space contrait, plastic containers were provided to keep supplies off the floor. Clinical Case Managers/Director will monitor staff's adherence/compliance through the "Supervisory Visit Infection Control Surveillance Guide" for every staff member within the next 14 days. In addition, Clinical Case Manager/Director will monitor staff's adherence/compliance every 55-60 days during in-home supervisory visits and annually	11/06/2013	

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	<p>hands and used a soiled hand towel to dry them and then placed a sterile glove on her left hand to perform suctioning on the patient. She then took that glove off and discarded it without washing her hands after removing the sterile glove. She then took equipment to the kitchen and washed equipment including a 10 cubic centimeter syringe with soap and water.</p> <p>3. On 10/21/13 at 11:45 AM, Employee B, the director of nursing, indicated infection control practices were not followed at the above observations (# 1 and 4).</p> <p>4. The agency policy titled "Infection Prevention / Control" with no effective date stated, "Agency will observe the recommended precautions for home care identified by the Centers for Disease Control and Prevention [CDC] ... Hands are washed immediately after gloves are removed."</p> <p>5. The agency policy titled "Standard Infection Control Procedures" with no effective date stated, "Sterile or clean supplies left in the home should be stored in a clean area that is used for supplies only. Cover supplies with plastic or a towel."</p> <p>6. The agency policy titled</p>		during Manditory Skills Checkoff and OSHA training.		

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	"Handwashing" with no effective date stated, "Note: the need for handwashing depends on the type, intensity, duration, and sequence of activities. The Center for Disease Control [CDC] recommends routinely washing hands in the following situations: before performing invasive procedures such as catheterization and suctioning ... Procedure Use an easy - to - reach sink with warm, running water, soap, or disinfectant, and paper towels ... dry hands thoroughly from fingers to wrists and forearms. Discard paper towel in waste receptacle. Turn off water faucet using a clean, dry paper towel."			

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NAME OF PROVIDER OR SUPPLIER HOMEPOINTE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 7779 E RIDGE ROAD SUITE A HOBART, IN 46342
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G000180	<p>484.30(b) DUTIES OF THE LICENSED PRACTICAL NURSE The licensed practical nurse prepares clinical and progress notes. Based on observation, clinical document review, and interview, the agency failed to ensure the licensed practical nurse documented tasks in the clinical record only after completion of the tasks for 1 of 3 home visits observed with a licensed practical nurse (#5) with the potential to affect patients cared for by this staff member.</p> <p>Findings</p> <p>1. On 10/21/13 at 10:50 AM, Employee K, Licensed Practical Nurse, was observed to complete an Equipment Maintenance Record #1 prior to completion of tasks included on the plan of care. Employee K indicated the equipment maintenance would not be completed until about 4:30 PM and that documentation should not occur until the task has been completed. She had already initialed tasks that would not be completed until about 4:30 PM.</p> <p>2. The document titled "Equipment Maintenance Record 1" included patient #5's name, identification number, physician's name, and initials of Employee K with a date of 10/21/13.</p>	G000180	G-0180 Credible Allegation of ComplianceAction: All staff have been in-serviced and re-educated on P/P C-680 Clinical Documentation and Nursing Documentation. Empolyee K was disclined and re-educated regarding above policy. Upon all supervisory visits, Clinical Case Managers will review nursing documentation in real time for compliance. This will be documented on the Supervisory Visit/ Additional Information form. Responsible Party: Clinical Case Managers/DirectorEvaluation/follow-up: All staff will be assessed for compliance regarding real time chartingduring supervisory visits.	11/07/2013

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	<p>Tasks initialed were ventilator check, check tidal volume with spirometer, change circuits, wash parts to ambu bag, change filter, canister, and tubing on suction machine, clean concentrator filters, change large filters on Trilogy, and wash small block filter on Trilogy.</p> <p>3. On 10/21/13 at 11:45 AM, Employee B, the director of nursing, indicated documentation should not be completed until the task has been completed by the nurse.</p>			

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G000236	<p>484.48 CLINICAL RECORDS A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary.</p> <p>Based on observation, document review, and interview, the agency failed to ensure documentation of tasks in the clinical record occurred after completion of tasks for 1 of 3 home visits observed with the practical nurse (#5) with the potential to affect patients cared for by this staff member (Employee K, licensed practical nurse).</p> <p>Findings</p> <p>1. On 10/21/13 at 10:50 AM, Employee K, Licensed Practical Nurse, was observed to complete an Equipment Maintenance Record #1 prior to completion of tasks included on the plan of care. Employee K indicated the equipment maintenance would not be completed until about 4:30 PM and that documentation should not occur until the task has been completed. She had already initialed tasks that would not be</p>	G000236	G-0236 Action: All staff have been in-serviced and re-educated on P/P C-680 Clinical Documentation and Nursing Documentation. Employee K was disciplined and re-educated regarding above policy. Upon all supervisory visits, Clinical Case Managers will review nursing documentation in real time for compliance. This will be documented on the Supervisory Visit/ Additional Information form. Responsible Party: Clinical Case Managers/Director/Evaluation/follow-up: All staff will be assessed for compliance regarding real time charting during supervisory visits.	11/07/2013			

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	<p>completed until about 4:30 PM.</p> <p>2. The document titled "Equipment Maintenance Record 1" included patient #5's name, identification number, physician's name, and initials of Employee K with a date of 10/21/13. Tasks initialed were ventilator check, check tidal volume with spirometer, change circuits, wash parts to ambu bag, change filter, canister, and tubing on suction machine, clean concentrator filters, change large filters on Trilogy, and wash small block filter on Trilogy.</p> <p>3. On 10/21/13 at 11:45 AM, Employee B, the director of nursing, indicated documentation should not be completed until the task has been completed by the nurse.</p>				

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N000000	<p>This visit was for a home health state licensure survey.</p> <p>Facility #: 006663.</p> <p>Medicaid Vendor #: 200889890</p> <p>Dates of Survey: October 16, 17, 21, and 22, 2013.</p> <p>Unduplicated Admissions: 34.</p> <p>Surveyor: Janet Brandt, RN, PHNS. Ingrid Miller, RN, PHNS.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 28, 2013</p>	N000000	HomePointe HealthCare acknowledges that a survey was completed by Janet Brandt and Ingrid Miller on October 22, 2013. Administrator did not receive notification of survey results due to the state having an incorrect email address. After 10 days of not receiving notification, the Administrator contacted Kelly Hemmelgran for direction. Kelly graciously extended the 10 day timeline by an additioanl 4 days.		

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N000470	<p>410 IAC 17-12-1(m) Home health agency administration/management Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws.</p> <p>Based on home visit observation, policy and procedure review, and interview, the agency failed to ensure all employees followed agency policy and procedure related to infection control for 4 of 5 home visit observations (#1 - #4) (Employees G, H, and J) resulting in the potential to spread infectious diseases to other patients, family, and staff.</p> <p>Findings</p> <p>1. On 10/16/13 at 1:30 PM, Employee J, Licensed Practical Nurse (LPN), was observed at the bedside of patient #1 to perform trach suction and observation of the patient. Distilled water was at the bedside on the floor for use with trach care and cleaning. The remainder of a gallon (about 1/2 gallon) of distilled water was stored on the floor and not labeled with the date, time, or initials of the staff who had opened the water.</p> <p>2. On 10/16/13 at 3:20 PM, Employee H,</p>	N000470	<p>N 0470 Action: All staff were in-serviced on infection control in the home. In-services were sent to re-teach and re-educated on: 1)Hand Hygiene Why, How and When 2) P/P B-403 Infection Prevention and Control 3) Glove Use Information 4) Joint Commission on Medication Management pertaining to labeling and storage. All staff were also in-serviced and re-educated on policy M-150 Range of Motion Exercises. Responsible Party: Clinical Case Mangers/Director will monitor adherence/compliance.Evaluation /follow-up: All homes were supplied with a permanent marker for labeling sterile and clean client supplies. In homes where there is a space constraint, plastic containers were provided to keep supplies off the floor. Clinical Case Managers/Director will monitor staff's adherence/compliance through the "Supervisory Visit Infection Control Surveillance Guide" for every staff member within the next 14 days. In addition, Clinical Case Manager/Director will monitor staff's adherence/compliance every</p>	11/06/2013			

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	<p>Registered Nurse (RN), was observed to not wash hands before gloving and removing patient #2's in and out catheter which had been draining urine.</p> <p>3. On 10/17/13 at 8:55 AM, Employee H, was observed to discard the foam dressing that was under patient 3's trach ties and then cleanse the trach area with wash cloths provided by the patient's caregiver. These washcloths were placed on the bedside table without a barrier. Employee H did not change gloves or wash hands after the dressing was removed and before a new foam dressing was placed under the trach ties after cleansing the trach area.</p> <p>4. On 10/17/13 at 9:40 AM, Employee G, LPN, was observed to wash hands prior to caring for patient #4. She washed her hands and used a soiled hand towel to dry them and then placed a sterile glove on her left hand to perform suctioning on the patient. She then took that glove off and discarded it without washing her hands after removing the sterile glove. She then took equipment to the kitchen and washed equipment including a 10 cubic centimeter syringe with soap and water.</p> <p>5. On 10/21/13 at 11:45 AM, Employee B, the director of nursing, indicated infection control practices were not</p>		55-60 days during in-home supervisory visits and annually during Manditory Skills Checkoff and OSHA training.				

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	<p>followed at the above observations and findings (# 1 - 4).</p> <p>6. The agency policy titled "Infection Prevention / Control" with no effective date stated, "Agency will observe the recommended precautions for home care identified by the Centers for Disease Control and Prevention [CDC] ... Hands are washed immediately after gloves are removed."</p> <p>7. The agency policy titled "Standard Infection Control Procedures" with no effective date stated, "Sterile or clean supplies left in the home should be stored in a clean area that is used for supplies only. Cover supplies with plastic or a towel."</p> <p>8. The agency policy titled "Handwashing" with no effective date stated, "Note: the need for handwashing depends on the type, intensity, duration, and sequence of activities. The Center for Disease Control [CDC] recommends routinely washing hands in the following situations: before performing invasive procedures such as catheterization and suctioning ... Procedure Use an easy - to - reach sink with warm, running water, soap, or disinfectant, and paper towels ... dry hands thoroughly from fingers to wrists and forearms. Discard paper towel</p>			

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	<p>in waste receptacle. Turn off water faucet using a clean, dry paper towel."</p> <p>9. The agency policy titled "Urinary Catheter Insertion - Straight or Indwelling Catheter" with no effective date stated, "Purpose ... to facilitate emptying bladder ... Applies to Registered Nurses ... Wash hands. Refer to the handwashing procedure ... Don clean gloves ... slowly remove single use catheter ... remove gloves and dispose of waste ... wash hands."</p>			

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N000542	<p>410 IAC 17-14-1(a)(1)(C) Scope of Services Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (C) Initiate the plan of care and necessary revisions. Based on clinical record review, policy review, and interview, the agency failed to ensure the registered nurse (Employee D) accurately updated the plan of care for 1 of 10 records reviewed (Clinical record #5) with the potential to affect all the 34 patients of the agency.</p> <p>Findings</p> <p>1. Clinical record #5 included a plan of care for the certification period of 9/24/13 - 11/22/13 with orders for Trilogy Respironics Vent Settings ETCO2 (end tidal carbon dioxide) range 30 - 40%. This order was no longer was to be completed for the patient's care and should have been taken off the plan of care. This plan of care had been updated and signed by Employee D, Registered Nurse, on 9/23/13 and the physician on 9/23/13.</p> <p>2. On 10/21/13 at 9:40 PM, Employee K, licensed practical nurse, indicated patient #5 was no longer to have the ETCO2 range 30 - 40% checked that was on the</p>	N000542	N-0542 : The physician was contacted on 10/21/13 and a correction order was sent. The Clinical Case Mangers will review and update all Plans of Care to insure all orders are current and correct. On each supervisory visit, the plan of care will be reviewed for changes with the staff/caregiver for accuracy.Responsible Party: Clinical Case Mangers/DirectorEvaluation/follow-up: 100% of Plan of Care will be audited by 11/11/13 for accuracy of orders. To assure continued compliance, 10% or 10 charts will be audited quarterly.	10/23/2013			

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	<p>current plan of care for the certification period of 9/24/13 - 11/22/13 due to that order being for a different ventilator that had been discontinued a few months ago. Employee K indicated this order did not apply to this patient's care any longer and should not be on the current plan of care. She had not completed this order during care today.</p> <p>3. On 10/21/13 at 11:50 AM, Employee B, the director of nursing indicated the above order for ETCO2 range 30 - 40 % was not accurate and should not have been on the current plan of care.</p> <p>4. The agency policy titled "Physician's Orders" with no effective date stated, "All medications, treatments, and services provided to clients must be ordered by a physician ... All medications and treatments, that are part of the client's plan of care, must be ordered by the physician ... purpose ... to assure accurate and complete orders are obtained and verified."</p>			

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N000553	<p>410 IAC 17-14-1(a)(2)(A) Scope of Services Rule 14 Sec. 1(a) (2) For purposes of practice in the home health setting, the licensed practical nurse shall do the following: (A) Provide services in accordance with agency policies.</p> <p>Based on home visit observation, policy and procedure review, and interview, the agency failed to ensure all licensed practical nurses followed agency policy and procedure related to infection control for 2 of 3 home visit observations (patient 1 and 4) with a licensed practical nurse (Employees J and G) resulting in the potential to spread infectious diseases to other patients, family, and staff cared for by the licensed practical nurses.</p> <p>Findings</p> <p>1. On 10/16/13 at 1:30 PM, Employee J, Licensed Practical Nurse (LPN), was observed at the bedside of patient #1 to perform trach suction and observation of the patient. Distilled water was at the bedside on the floor for use with trach care and cleaning. The remainder of a gallon (about 1/2 gallon) of distilled water was stored on the floor and not labeled with the date, time, or initials of the staff who had opened the water.</p> <p>2. On 10/17/13 at 9:40 AM, Employee G,</p>	N000553	<p>N 0553 Action: All staff were in-serviced on infection control in the home. In-services were sent to re-teach and re-educated on: 1)Hand Hygiene Why, How and When 2) P/P B-403 Infection Prevention and Control 3) Glove Use Information 4) Joint Commission on Medication Management pertaining to labeling and storage. All staff were also in-serviced and re-educated on policy M-150 Range of Motion Exercises. Responsible Party: Clinical Case Mangers/Director will monitor adherence/compliance.Evaluation /follow-up: All homes were supplied with a permanent marker for labeling sterile and clean client supplies. In homes where there is a space constraint, plastic containers were provided to keep supplies off the floor. Clinical Case Managers/Director will monitor staff's adherence/compliance through the "Supervisory Visit Infection Control Surveillance Guide" for every staff member within the next 14 days. In addition, Clinical Case Manager/Director will monitor staff's adherence/compliance every</p>	11/06/2013			

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	<p>LPN, was observed to wash hands prior to caring for patient #4. She washed her hands and used a soiled hand towel to dry them and then placed a sterile glove on her left hand to perform suctioning on the patient. She then took that glove off and discarded it without washing her hands after removing the sterile glove. She then took equipment to the kitchen and washed equipment including a 10 cubic centimeter syringe with soap and water.</p> <p>3. On 10/21/13 at 11:45 AM, Employee B, the director of nursing, indicated infection control practices were not followed at the above observations (# 1 and 4).</p> <p>4. The agency policy titled "Infection Prevention / Control" with no effective date stated, "Agency will observe the recommended precautions for home care identified by the Centers for Disease Control and Prevention [CDC] ... Hands are washed immediately after gloves are removed."</p> <p>5. The agency policy titled "Standard Infection Control Procedures" with no effective date stated, "Sterile or clean supplies left in the home should be stored in a clean area that is used for supplies only. Cover supplies with plastic or a towel."</p>		55-60 days during in-home supervisory visits and annually during Manditory Skills Checkoff and OSHA training.				

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	6. The agency policy titled "Handwashing" with no effective date stated, "Note: the need for handwashing depends on the type, intensity, duration, and sequence of activities. The Center for Disease Control [CDC] recommends routinely washing hands in the following situations: before performing invasive procedures such as catheterization and suctioning ... Procedure Use an easy - to - reach sink with warm, running water, soap, or disinfectant, and paper towels ... dry hands thoroughly from fingers to wrists and forearms. Discard paper towel in waste receptacle. Turn off water faucet using a clean, dry paper towel."				

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NAME OF PROVIDER OR SUPPLIER HOMEPOINTE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 7779 E RIDGE ROAD SUITE A HOBART, IN 46342
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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N000554	<p>410 IAC 17-14-1(a)(2)(B) Scope of Services Rule 14 Sec. 1(a) (2) (B) For purposes of practice in the home health setting, the licensed practical nurse shall do the following: (B) Prepare clinical notes. Based on observation, clinical document review, and interview, the agency failed to ensure the licensed practical nurse documented tasks in the clinical record only after completion of the tasks for 1 of 3 home visits observed with a licensed practical nurse (#5) with the potential to affect patients cared for by this staff member.</p> <p>Findings</p> <p>1. On 10/21/13 at 10:50 AM, Employee K, Licensed Practical Nurse, was observed to complete an Equipment Maintenance Record #1 prior to completion of tasks included on the plan of care. Employee K indicated the equipment maintenance would not be completed until about 4:30 PM and that documentation should not occur until the task has been completed. She had already initialed tasks that would not be completed until about 4:30 PM.</p> <p>2. The document titled "Equipment Maintenance Record 1" included patient #5's name, identification number,</p>	N000554	<p>N 0554 Action: All staff have been in-serviced and re-educated on P/P C-680 Clinical Documentation and Nursing Documentation. Employee K was disciplined and re-educated regarding above policy. Upon all supervisory visits, Clinical Case Managers will review nursing documentation in real time for compliance. This will be documented on the Supervisory Visit/ Additional Information form. Responsible Party: Clinical Case Managers/DirectorEvaluation/follow-up: All staff will be assessed for compliance regarding real time charting during supervisory visits.</p>	11/08/2013
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	<p>physician's name, and initials of Employee K with a date of 10/21/13. Tasks initialed were ventilator check, check tidal volume with spirometer, change circuits, wash parts to ambu bag, change filter, canister, and tubing on suction machine, clean concentrator filters, change large filters on Trilogy, and wash small block filter on Trilogy.</p> <p>3. On 10/21/13 at 11:45 AM, Employee B, the director of nursing, indicated documentation should not be completed until the task has been completed by the nurse.</p>				

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N000608	<p>410 IAC 17-15-1(a)(1-6) Clinical Records Rule 15 Sec. 1(a) Clinical records containing pertinent past and current findings in accordance with accepted professional standards shall be maintained for every patient as follows:</p> <p>(1) The medical plan of care and appropriate identifying information. (2) Name of the physician, dentist, chiropractor, podiatrist, or optometrist. (3) Drug, dietary, treatment, and activity orders. (4) Signed and dated clinical notes contributed to by all assigned personnel. Clinical notes shall be written the day service is rendered and incorporated within fourteen (14) days. (5) Copies of summary reports sent to the person responsible for the medical component of the patient's care. (6) A discharge summary.</p> <p>Based on observation, document review, and interview, the agency failed to ensure documentation of tasks in the clinical record occurred after completion of tasks for 1 of 3 home visits observed with the practical nurse (#5) with the potential to affect patients cared for by this staff member (Employee K, licensed practical nurse).</p> <p>Findings</p> <p>1. On 10/21/13 at 10:50 AM, Employee K, Licensed Practical Nurse, was observed to complete an Equipment</p>	N000608	N 00608 Action: All staff have been in-serviced and re-educated on P/P C-680 Clinical Documentation and Nursing Documentation. Employee K was disciplined and re-educated regarding above policy. Upon all supervisory visits, Clinical Case Managers will review nursing documentation in real time for compliance. This will be documented on the Supervisory Visit/ Additional Information form. Responsible Party: Clinical Case Managers/DirectorEvaluation/follow-up: All staff will be assessed for compliance regarding real time charting during supervisory visits.	11/08/2013			

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	<p>Maintenance Record #1 prior to completion of tasks included on the plan of care. Employee K indicated the equipment maintenance would not be completed until about 4:30 PM and that documentation should not occur until the task has been completed. She had already initialed tasks that would not be completed until about 4:30 PM.</p> <p>2. The document titled "Equipment Maintenance Record 1" included patient #5's name, identification number, physician's name, and initials of Employee K with a date of 10/21/13. Tasks initialed were ventilator check, check tidal volume with spirometer, change circuits, wash parts to ambu bag, change filter, canister, and tubing on suction machine, clean concentrator filters, change large filters on Trilogy, and wash small block filter on Trilogy.</p> <p>3. On 10/21/13 at 11:45 AM, Employee B, the director of nursing, indicated documentation should not be completed until the task has been completed by the nurse.</p>			